IRTEC
INNOVATIVE RECLAMATION TECHNOLOGIES & ENGINEERING COMPANY, INC.
POST OFFICE BOX 306
CARYVILLE, TN 37714

May 9, 2008

Ms. Vickie Prather, Supervisor
Inventory & Data Mgt. Section
KPDES Branch, Div. of Water
14 Reilly Road
Frankfort, Ky. 40601

3095

Subject: Southfork Coal Co.; KPDES KY0056677
Form 1 and Form C

Dear Ms. Prather:

The completed application FORM 1 and FORM C, with a $240.00 filing fee check, and analyses of discharge documents are attached for the subject permit which will expire on November 30, 2008. Also attached are two copies of a section of the Whitley City 7 ½ Minute Quadrangle Map which identifies the outfall location for the operation.

Should you have any questions or need further information, please notify me at the address above or telephone me or Patrick Slone at (423) 566-1915.

Sincerely,

Bill Ferrell
On Behalf of Southfork Coal Co.

Att: Completed KPDES FORM 1
Completed KPDES FORM C
2 Whitley City Quadrangle Outfall Location Maps
Filing Fee; $ 240.00 check

CC: Mr. Kenneth Stacy, President
Southfork Coal Co.

File

IRTEC

INNOVATIVE RECLAMATION TECHNOLOGIES & ENGINEERING COMPANY, INC.

POST OFFICE BOX 306
CARYVILLE, TN 37714

August 27, 2008

Ms. Morgan Elliston, Office Support Supervisor
Surface Water Permits Branch
Division of Water
14 Reilly Road
Frankfort, Ky. 40601

Subject: Southfork Coal Co.; KPDES KY0056677
Form C Modifications

Dear Ms. Elliston:

The sections of Form C for which you indicated modifications are completed and attached. Also attached is a line drawing for outfall 001 as required in Section II, Part A.

Should you have any questions or need further information, please notify me at the address above or telephone me or Patrick Slone at (423) 566-1915.

Sincerely,

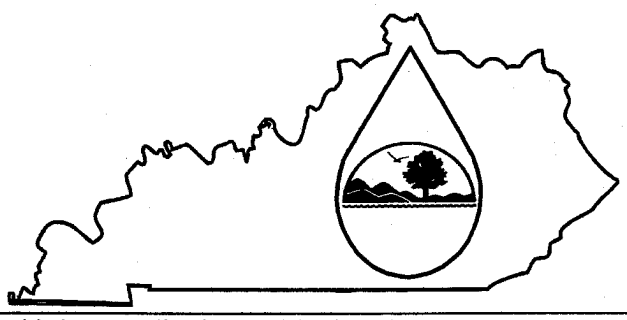
Bill Ferrell
On Behalf of Southfork Coal Co.

Att: Modifications to KPDES FORM C
Line Drawing

CC: Mr. Kenneth Stacy, President
Southfork Coal Co.

File

KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAY 12 2008

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

$240.00

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	5	6	6	7	7

A. Name of business, municipality, company, etc. requesting permit
Southfork Coal Company

B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner mailing address on a separate sheet if different.**
Facility Location Name: Justus Preparation Plant	Facility Contact Name and Title: Mr. ☒ Ms. ☐ Kenneth Stacy, President
Facility Location Address (i.e. street, road, etc., **not PO Box**): Ky. Hwy 1651	Mailing Address: 80 Terrace Drive
Facility Location City, State, Zip Code: Revelo, Ky. 42638	Mailing City, State, Zip Code: Bristol, Va. 24202
	Facility Contact Telephone Number: 276-669-0158

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Coal Processing and load-out facility

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	1211- Coal Mining and Processing		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: McCreary	City where facility is located (if applicable): Revelo
C. Body of water receiving discharge: Sweet Gum Branch of Roaring Paunch Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 36degrees 40' 36"	Facility Site Longitude (degrees, minutes, seconds): 84degrees 27' 48"
E. Method used to obtain latitude & longitude (see instructions):	USGS 7 1/2 Min Quad
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Southfork Coal Company	276-669-0158
Operator Mailing Address (Street): 80 Terrace Drive	
Operator Mailing Address (City, State, Zip Code): Bristol, VA 24202	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☐ No ☒
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s): 874-8004, 874-5005	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Denver Winchester
DMR Official Telephone Number:	606-354-2194

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Southfork Coal Co.
DMR Mailing Address:	P.O. Box 670
DMR Mailing City, State, Zip Code:	Stearns, KY 42647

VII. APPLICATION FILING FEE

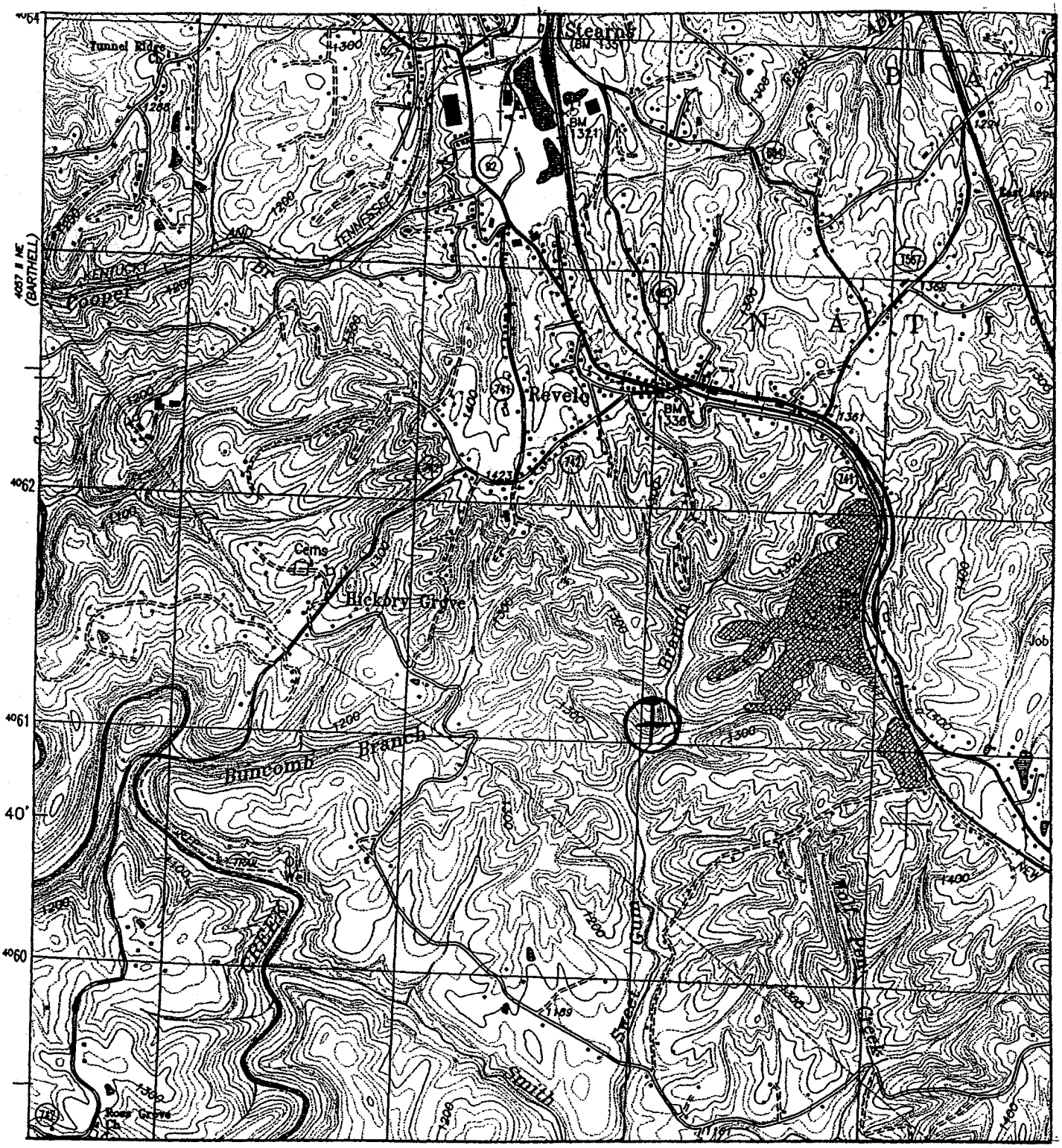
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Surface Mining Operation	$ 240

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ Kenneth Stacy, President	276-669-0158
SIGNATURE	DATE:
Kenneth Stacy	2-8-08



SCALE; 1" = 2000'

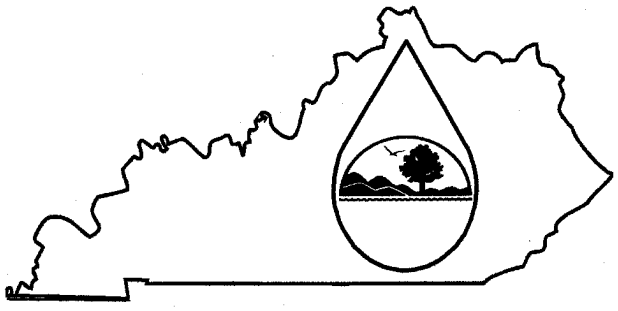
SOUTHFORK COAL COMPANY
JUSTUS PREPARATION PLANT
KY HWY. 1651
REVELO, KY. 42638

WHITLEY CITY QUADRANGLE
LAT. 36° 40' 12"
LONG. 84° 28' 20"

(+) OUTFALL LOCATION 001

KPDES PERMIT 0056677

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Justus Preparation Plant	County: McCreary
I. OUTFALL LOCATION	AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	40	12	84	28	20	Sweet Gum Br. of Smith Fork
							of Roaring Paunch Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

See attached line drawing.

B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
001	Coal Processing and Loading	10yr-24Hr Storm	Storm Runoff from disturbance	1-U

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☐ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) ☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Kenneth Stacy, President	276-669-0158
SIGNATURE	DATE
*	2-8-08

KENTUCKY POLLUTANT DISCHARE ELIMINATION SYSTEM (KPDES)

COAL ONLY DISCHARGE MONITORING REPORT (COAL ONLY DMR)

Name	Southfork Coal			**KPDES No.**	
Address	P.O. Box 670			**DSMRE No.**	874-5005
City	Stearns			**Monitoring Period**	1/1/07-3/31/07
State	Kentucky	**Zip Code**	42647	**County**	McCreary

Outfall No.	Justice Dam	**Type Of Operation**	Tipple Loadout

Effluent Characteristics

Date	Flow	TSS	Fe	Mn	pH	Acidity	Alkalinity	TR Fe	SS	Precipitation	O & G
1-10-07	0.014	4	<.10	<.10	6.50	12	40				
1-24-07	0.014	7	<.10	<.10	6.95	2	48				
2-7-07	0.012	6	<.10	<.10	6.77	6	44				
2-21-07	0.012	5	<.10	<.10	6.50	12	28				

Outfall No.	Justice Dam	**Type Of Operation**	Tipple Loadout

Effluent Characteristics

Date	Flow	TSS	Fe	Mn	pH	Acidity	Alkalinity	TR Fe	SS	Precipitation	O & G
3-7-07	0.012	6	<.10	<.10	6.35	16	32				
3-21-07	0.012	8	<.10	<.10	6.30	16	30				

Outfall No.		**Type Of Operation**	

Effluent Characteristics

Date	Flow	TSS	Fe	Mn	pH	Acidity	Alkalinity	TR Fe	SS	Precipitation	O & G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. And based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. See 401 KAR 5:065 and KRS 224.99-010 (Penalties under these statutes may include fines up to $25,000 per day of violation or by imprisonment for not less than one year and not more than five years or both).

Denver Winchester		606-354-2194	4-28-07
Name/Title Principal Executive Officer	**Signature**	**Telephone**	**Date**

Comment And Explanation Of Any Violations (Reference All Attachments Here)

KENTUCKY POLLUTANT DISCHARE ELIMINATION SYSTEM (KPDES)

COAL ONLY DISCHARGE MONITORING REPORT (COAL ONLY DMR)

Name	Southfork Coal			KPDES No.	6677
Address	P.O. Box 670			DMRE No.	874-8004
City	Stearns			Monitoring Period	4/1/07-6/30/07
State	Kentucky	Zip Code	42647	County	McCreary

Outfall No.	001	Type Of Operation	Tipple Loadout								
		Effluent Characteristics									
Date	Flow	TSS	Fe	Mn	pH	Acidity	Alkalinity	TR Fe	SS	Precipitation	O & G
4-11-07	0.003	6	<.10	<.10	6.30	10	30				
4-25-07	0.003	5	<.10	<.10	6.77	12	40				
5-9-07	0.002	5	<.10	<.10	6.35	16	24				
5-23-07	0.002	4	<.10	<.10	6.50	16	28				

Outfall No.	001	Type Of Operation	Tipple Loadout								
		Effluent Characteristics									
Date	Flow	TSS	Fe	Mn	pH	Acidity	Alkalinity	TR Fe	SS	Precipitation	O & G
6-13-07	0.002	8	<.10	<.10	6.74	8	42				
6-27-07	0.003	6	<.10	<.10	6.98	2	46				

Outfall No.		Type Of Operation									
		Effluent Characteristics									
Date	Flow	TSS	Fe	Mn	pH	Acidity	Alkalinity	TR Fe	SS	Precipitation	O & G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. And based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. See 401 KAR 5:065 and KRS 224.99-010 (Penalties under these statutes may include fines up to $25,000 per day of violation or by imprisonment for not less than one year and not more than five years or both).

Denver Winchester	Denver Winchester	606-354-2194	7-28-07
Name/Title Principal Executive Officer	Signature	Telephone	Date

Comment And Explanation Of Any Violations (Reference All Attachments Here)

KENTUCKY POLLUTANT DISCHARE ELIMINATION SYSTEM (KPDES)

COAL ONLY DISCHARGE MONITORING REPORT (COAL ONLY DMR)

Name	Southfork Coal			KPDES No.	6677
Address	P.O. Box 670			DSMRE No.	874-8004
City	Stearns			Monitoring Period	7/1/07-9/30/07
State	Kentucky	Zip Code	42647	County	McCreary

Outfall No.	001		Type Of Operation		Tipple Loadout					
Effluent Characteristics										
Date	Flow	TSS	Fe	Mn	pH	Acidity	Alkalinity	TR Fe	SS	Precipitation	O & G
7-11-07	0.001	6	<.10	<.10	6.50	14	26				
7-25-07	0.001	4	<.10	<.10	6.42	16	20				
8-8-07	0.001	7	<.10	<.10	6.55	14	28				
8-22-07	0.001	6	<.10	<.10	6.49	14	28				

Outfall No.	001		Type Of Operation		Tipple Loadout					
Effluent Characteristics										
Date	Flow	TSS	Fe	Mn	pH	Acidity	Alkalinity	TR Fe	SS	Precipitation	O & G
9-12-07	0.0007	5	<.10	<.10	6.55	12	30				
9-26-07	0.0007	6	<.10	<.10	6.43	16	26				

Outfall No.		Type Of Operation									
Effluent Characteristics											
Date	Flow	TSS	Fe	Mn	pH	Acidity	Alkalinity	TR Fe	SS	Precipitation	O & G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. And based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. See 401 KAR 5:065 and KRS 224.99-010 (Penalties under these statutes may include fines up to $25,000 per day of violation or by imprisonment for not less than one year and not more than five years or both).

Denver Winchester		606-354-2194	10-28-07
Name/Title Principal Executive Officer	Signature	Telephone	Date

Comment And Explanation Of Any Violations (Reference All Attachments Here)

QUALITY LABORATORIES
P.O. BOX 310
PINEVILLE, KY. 40977
606-337-5130

LABORATORY ANALYSIS REPORT

Southfork Coal Company
P.O. Box 670
Stearns, KY 42647

Laboratory No. QL03092008-01
Date Sampled: 3/29/2008
Date Received: 3/29/2008

I.D.: Surface Water for KPDES Renewal of Permit KY0056677

Matrix : Water

	Result	Units	Method	Analyzed Date/Analyst
Antimony	BDL	ppb	EPA 204.2	04/09/2008-DP
Arsnic	BDL	ppb	EPA 206.2	04/09/2008-DP
Beryllium	BDL	ppb	EPA 210.2	04/09/2008-DP
Cadmium	BDL	ppb	EPA 213.2	04/09/2008-DP
Chromium	BDL	ppb	EPA 218.2	04/09/2008-DP
Copper	8.0	ppb	EPA 220.2	04/09/2008-DP
Lead	BDL	ppb	EPA 239.2	04/09/2008-DP
Mercury	BDL	ppb	EPA 245.1	04/09/2008-DP
Nickle	26.5	ppb	EPA 249.2	04/09/2008-DP
Selenium	BDL	ppb	EPA 270.2	04/09/2008-DP
Silver	BDL	ppb	EPA 272.2	04/09/2008-DP
Thallium	BDL	ppb	EPA 279.2	04/09/2008-DP
Zinc	2.78	ppb	EPA 289.2	04/09/2008-DP
Phenol	BDL	mg/L	HACH 8047	04/09/2008-DP
Cyanide	0.028	mg/L	EPA 335.2	04/09/2008-DP
Sulfate	41	mg/L	HACH 8051	04/09/2008-DP
Hardness	110	mg/L	HACH 8226	04/09/2008-DP

SUBMITTED BY:
QUALITY LABORATORIES

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)	8						18	mg/L				
e. Ammonia (as N)												
f. Flow (in units of MGD)	VALUE	0.0091	VALUE		VALUE		18	MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°c		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°c		VALUE		
i. pH	MINIMUM 6.3	MAXIMUM 6.98	MINIMUM	MAXIMUM			18	STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)		x												
b. Bromine Total Residual		x												
c. Chloride		x												
d. Chlorine, Total Residual		x												
e. Color		x												
f. Fecal Coliform		x												
g. Fluoride (16984-48-8)		x												
h. Hardness (as $CaCO_3$)	x		110						1	mg/L				
i. Nitrate – Nitrite (as N)		x												
j. Nitrogen, Total Organic (as N)		x												
k. Oil and Grease		x												
l. Phosphorous (as P), Total 7723-14-0		x												
m. Radioactivity														
(1) Alpha, Total		x												
(2) Beta, Total		x												
(3) Radium Total		x												
(4) Radium, 226, Total		x												

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)	x		41mg/L						1	mg/L				
o. Sulfide (as S)		x												
p. Sulfite (as SO_4) (14286-46-3)		x												
q. Surfactants		x												
r. Aluminum, Total (7429-90)		x												
s. Barium, Total (7440-39-3)		x												
t. Boron, Total (7440-42-8)		x												
u. Cobalt, Total (7440-48-4)		x												
v. Iron, Total (7439-89-6)	x		0.1		0.1		0.1		18	mg/L				
w. Magnesium Total (7439-96-4)		x												
x. Molybdenum Total (7439-98-7)		x												
y. Manganese, Total (7439-96-6)	x		0.1		0.1		0.1		18	mg/L				
z. Tin, Total (7440-31-5)		x												
aa. Titanium, Total (7440-32-6)		x												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	x		x	0						1	ppb				
2M. Arsenic, Total (7440-38-2)	x		x	0						1	ppb				
3M. Beryllium Total (7440-41-7)	x		x	0						1	ppb				
4M. Cadmium Total (7440-43-9)	x		x	0						1	ppb				
5M. Chromium Total (7440-43-9)	x		x	0						1	ppb				
6M. Copper Total (7550-50-8)	x	x		8 ppb						1	ppb				
7M. Lead Total (7439-92-1)	x		x	0						1	ppb				
8M. Mercury Total (7439-97-6)	x		x	0						1	ppb				
9M. Nickel, Total (7440-02-0)	x	x		26.5 ppb						1	ppb				
10M. Selenium, Total (7782-49-2)	x		x	0						1	ppb				
11M. Silver, Total (7440-28-0)	x		x	0						1	ppb				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	x		x	0						1	ppb				
13M. Zinc, Total (7440-66-6)	x	x		2.78 ppb						1	ppb				
14M. Cyanide, Total (57-12-5)	x	x		0.028 ppb						1	mg/L				
15M. Phenols, Total	x		x	0						1	mg/L				
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)				DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chloro-benzene (108-90-7)															
8V. Chlorodibro-momethane (124-48-1)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyse
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)															
10V. 2-Chloro-ethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichloro-bromomethane (75-71-8)															
14V. 1,1-Dichloroethane (75-34-3)															
15V. 1,2-Dichloroethane (107-06-2)															
16V. 1,1-Dichlorethylene (75-35-4)															
17V. 1,2-Di-chloropropane (78-87-5)															
18V. 1,3-Dichloropro-pylene (452-75-6)															
19V. Ethyl-benzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyse
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)															
22V. Methylene Chloride (75-00-2)															
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)															
24V. Tetrachloro-ethylene (127-18-4)															
25V. Toluene (108-88-3)															
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)															
27V. 1,1,1-Tri-chloroethane (71-55-6)															
28V. 1,1,2-Tri-chloroethane (79-00-5)															
29V. Trichloro-ethylene (79-01-6)															
30V. Vinyl Chloride (75-01-4)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyse
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)															
2A. 2,4-Dichlor-Orophenol (120-83-2)															
3A. 2,4-Dimeth-ylphenol (105-67-9)															
4A. 4,6-Dinitro-o-cresol (534-52-1)															
5A. 2,4-Dinitro-phenol (51-28-5)															
6A. 2-Nitro-phenol (88-75-5)															
7A. 4-Nitro-phenol (100-02-7)															
8A. P-chloro-m-cresol (59-50-7)															
9A. Pentachloro-phenol (87-88-5)															
10A. Phenol (108-05-2)															
11A. 2,4,6-Tri-chlorophenol (88-06-2)															
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyse
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)															
3B. Anthracene (120-12-7)															
4B. Benzidine (92-87-5)															
5B. Benzo(a)-anthracene (56-55-3)															
6B. Benzo(a)-pyrene (50-32-8)															
7B. 3,4-Benzofluoranthene (205-99-2)															
8B. Benzo(ghl)perylene (191-24-2)															
9B. Benzo(k)-fluoranthene (207-08-9)															
10B. Bis(2-chloroethoxy)-methane (111-91-1)															
11B. Bis (2-chloroisopropyl)-Ether															
12B. Bis (2-ethylhexyl)-phthalate (117-81-7)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyse
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)															
14B. Butyl-benzyl phthalate (85-68-7)															
15B. 2-Chloro-naphthalene (7005-72-3)															
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)															
17B. Chrysene (218-01-9)															
18B. Dibenzo-(a,h) Anthracene (53-70-3)															
19B. 1,2-Dichloro-benzene (95-50-1)															
20B. 1,3-Dichloro-Benzene (541-73-1)															
21B. 1,4-Dichloro-benzene (106-46-7)															
22B. 3,3-Dichloro-benzidene (91-94-1)															
23B. Diethyl Phthalate (84-66-2)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyse
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)															
25B. Di-N-butyl Phthalate (84-74-2)															
26B. 2,4-Dinitro-toluene (121-14-2)															
27B. 2,6-Dinitro-toluene (606-20-2)															
28B. Di-n-octyl Phthalate (117-84-0)															
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)															
30B. Fluoranthene (208-44-0)															
31B. Fluorene (86-73-7)															
32B. Hexachloro-benzene (118-71-1)															
33B. Hexachloro-butadiene (87-68-3)															
34B. Hexachloro-cyclopenta-diene (77-47-4)															

Part C – Continued

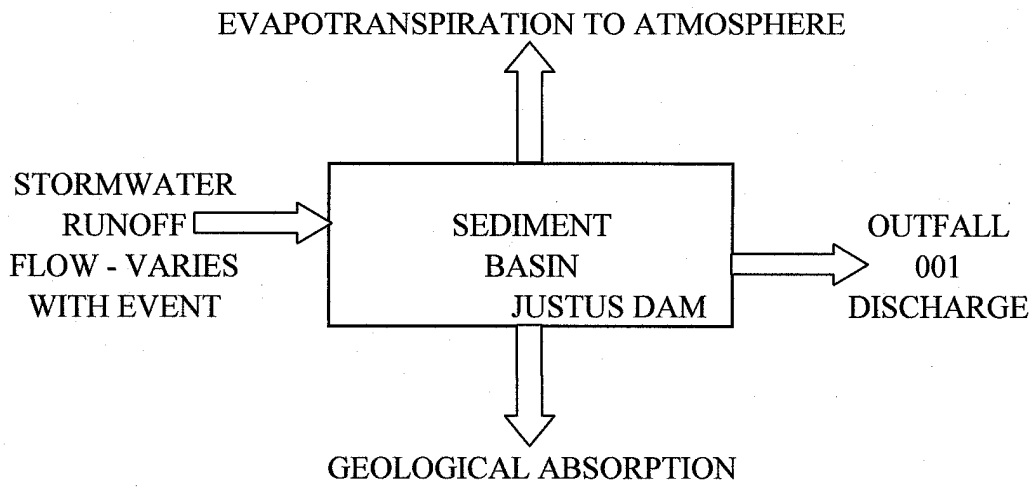
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyse
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)															
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)															
37B. Isophorone (78-59-1)															
38B. Napthalene (91-20-3)															
39B. Nitrobenzene (98-95-3)															
40B. N-Nitrosodimethylamine (62-75-9)															
41B. N-nitrosodi-n-propylamine (621-64-7)															
42B. N-nitrosodiphenylamine (86-30-6)															
43B. Phenanthrene (85-01-8)															
44B. Pyrene (129-00-0)															
45B. 1,2,4 Trichlorobenzene (120-82-1)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyse
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)															
2P. α-BHC (319-84-6)															
3P. β-BHC (58-89-9)															
4P. gamma-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Endosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyse
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)															
16P Heptachlor (76-44-8)															
17P. Heptaclor Epoxide (1024-57-3)															
18P. PCB-1242 (53469-21-9)															
19P. PCB-1254 (11097-69-1)															
20P. PCB-1221 (11104-28-2)															
21P. PCB-1232 (11141-16-5)															
22P. PCB-1248 (12672-29-6)															
23P. PCB-1260 (11096-82-5)															
24P. PCB-1016 (12674-11-2)															
25P. Toxaphene (8001-35-2)															



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